



Office Use: BB JA

Statement of Committee Organization

1. Statement Information

Date: 7-3-15
 Type: New Amended (if amending, enter MEC ID C151118 & section changed _____)

2. Committee Information

Name of Committee: CITIZENS AGAINST SPENDING EXCESS (C.A.S.E.)
 Committee Mailing Address, City, State, & Zip: 6209 MID RIVERS MALL DRIVE SUITE 132 63304 SI. CHARLES
 Telephone Number: (636) 233-2799
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): STEPHEN JOHNSON
 Treasurer's Mailing Address, City, State, & Zip: 510 WOODMORE CROSSING
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (636) 233-2799 Treasurer's Work Telephone Number: () NA
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): _____
 Connected Organization's Mailing Address, City, State, & Zip: _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: _____
 Telephone Number (Candidate Committees Only): ()
 Election Date: _____ Office Sought & Political Subdivision: _____
 Political Party: _____ Support or Oppose: _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: PROPOSITION Y Election Date & Political Subdivision: 8-4-2015 Support or Oppose: OPPOSE

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: Stephen Johnson Candidate (Candidate Committees Only): _____